

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024505

STATE FILE NUMBER

FILED JUL 29 1958

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 96

S. 300  
1-57

4

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Barry</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Monett</b>			c. CITY OR TOWN <b>Monett</b> <b>05510</b>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>Scroggins</b> INSTITUTION <b>Rest Home</b>			d. STREET ADDRESS (If outside, give location) <b>1009 4th.</b>		
3. NAME OF DECEASED (Type or print) First <b>Minnie</b> Middle <b>Ellen</b> Last <b>Titus</b>			4. DATE OF DEATH Month <b>July</b> Day <b>15</b> Year <b>1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>12-23-1873</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>22</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Schyler Co. Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>W. J. Stucker</b>		13b. MOTHER'S MAIDEN NAME <b>Mercy Palmer</b>		14. NAME OF HUSBAND OR WIFE <b>Chas. W. Titus</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Mrs. Treva Lea Monett, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchopneumonia (Hypertensive)</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Hypocacid degeneration</b> DUE TO (c) <b>4222</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Pneumonia</b>					INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> <b>3 yrs</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <b></b> Month, Day, Year <b></b> a.m. <b></b> p.m. <b></b>					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <b></b> STATE <b></b>	
21. I attended the deceased from <b>5-6-50</b> to <b>7/10/58</b> and last saw her alive on <b>7/14/58</b> Death occurred at <b>7:40 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Frank W. Kerr M.D.</b>		22b. ADDRESS <b>Monett Mo.</b>		22c. DATE SIGNED <b>7/16/58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7-18-1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Monett, Missouri</b>		23e. REGISTRAR'S SIGNATURE <b>Thomas L. Dandon</b>			
24. FUNERAL DIRECTOR <b>Mercer Funeral Home Monett, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-29-58</b>			

**BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.**

NO. 758-149

DATE REC. 7-28-58

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Ray H. Mercer .....

Licensed Embalmer No. 4432 .....

P. O. Address Monett, Mo. .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).**

**If embalmed by a STUDENT, he also shall sign in his OWN handwriting.**

**If this body is not embalmed, fact should be so stated above.**